TR (Re

FRA 920 (Rev.10-14)	FOR OFFICE USE		
State of Michigan	☐ TRADE ADJUSTMENT ASSISTANCE ☐ TRA ENTITLEMENT		
Department of Licensing and Regulatory Affairs UNEMPLOYMENT INSURANCE AGENCY LEXISING AND REGULATORY AFFAIRS UNEMPLOYMENT INSURANCE AGENCY	BYB DATE EMPLOYER NUMBER		
www.michigan.gov/uia			
Request for Determination of Entitlement to TAA/TRA	PETITION NO.		
STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974	CLAIM DATE RELEASE		
FOR THE TRADE ACT OF 1974 PROGRAM, AMENDED	AUTHORIZATION YES NO		
Information requested for use by the State Agency and the U.S. Department of Labor is authorized under Section 231 of the Trade	WEEKS OF UC WEEKS OF WEEK ENDING UI EXHAUSTED		
Act of 1974, as amended, and Section 806 of the Social Security	ENTITLEMENT EB PAID (If not exhausted, use BYE): TRA CLAIM TYPE: RE		
Act (42 U.S.C. 1106). All information furnished, except to the extent that release of all such information is authorized in the			
processing of this application, will not be released or used for			
any purpose other than for establishing entitlement to benefits	INFORMATION SOURCE: NEW CLAIM – N IMPACT DATE EXPIRATION DATE PETITION FILING DATE		
and allowances under the Trade Act Program for statistical and research studies, and to ensure that benefits and allowances have			
been paid properly.			
WORKER'S NAME (Last, First, Middle)	TELEPHONE NUMBER SOCIAL SECURITY NUMBER		
ADDRESS (No., Street, City, County, State & ZIP Code) LAST OCCUPATION SEPARATION DATE			
ADDRESS (IVO., Sireet, City, County, State & Zir Code)			
A. SEPARATION AND WAGE INFORMATION FOR ADVERSELY AFFECTED EMPLOYMENT			
NAME OF FIRM: Employment through last separation before Expiration Date above:			
NAME OF FIRM.			
	From: To: TYPE OF SEPARATION TOTAL PARTIAL		
SUBDIVISION	STATE OF SEPARATION		
ADDRESS OF FIRM (No., Street, City, State, ZIP Code)	REASON FOR SEPARATION (Check Correct One)		
ADDRESS OF FIRM (No., Street, City, State, Zir Code)	(1) \square Lack of Work (2) \square Fired (3) \square Quit		
	(4)□ Retired Voluntarily (5)□ Retired Involuntarily		
	(6) \square Labor Dispute (7) \square Other		
No. of weeks that you earned \$30 or more in the 52-week period	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
THOSE WEEKS -			
	\$		
ANSWER ONLY IF THE NUMBER OF WEEKS YOU EARNED \$30 OR MORE IS LESS THAN 26.			
NUMBER OF WEEKS OF AUTHORIZED LEAVE (vacation, sickness, maternity, inactive duty or active military service for			
training, disability compensated under a Worker's Disability Compensation law, employment interruption to serve full time as a representative of labor organization).			
Weeks of authorized leave described above (other than weeks of disability compensated under a Worker's Disability			
Compensation Law) Weeks of disability compensated under a Worker's Disability Compensation Law.			
IF REASON FOR SEPARATION WAS OTHER THAN LACK OF WORK, EXPLAIN.			

Claimant Name: SSN:

B. OTHER QUALIFYING INFORMATION (To be completed by worker by checking appropriate boxes. All "YES" answers mu	st be explained.)		
I. DID YOU WORK FOR ANY OTHER EMPLOYER AFTER THE EMPLOYMENT SHOWN IN SECTION A?	YES NO	EMPLOYER NAME ADDRESS DATE OF SEPARATION REASON FOR SEPARATION	
2. HAVE YOU FILED FOR TRADE READJUSTMENT ALLOWANCES PRIOR TO THIS APPLICATION?	YES NO	STATE IN WHICH FILED	
3. DO YOU HAVE A CURRENT ALLOWED UI CLAIM?	YES NO	PAYING STATE	
4. ARE YOU CURRENTLY RECEIVING BENEFITS ON A UI CLAIM?	YES NO	PAYING STATENAME OF PROGRAM	
5. SINCE THE EMPLOYMENT SHOWN IN SECTION A, HAVE YOU REFUSED TO ACCEPT REFERRAL TO, OR HAVE YOU FAILED TO REPORT TO A REFERRED TRAINING PROGRAM, OR HAVE YOU BEEN TERMINATED FROM ANY TRAINING PROGRAM?	YES NO	STATE IN WHICH OCCURREDNAME OF PROGRAM	
6. ARE YOU NOW RECEIVING ANY TRAINING?	YES NO	STATE IN WHICH TRAINING IS BEING CONDUCTED NAME OF PROGRAM	
C. WORKER CERTIFICATION AND RELEASE AUTHORIZATION I give this information to support my request for a determination of entitlement to Trade Readjustment Allowances. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I acknowledge that I must visit a Michigan Works! Service Center for more information and to complete other required paperwork. I authorize the State of Michigan, Unemployment Insurance Agency, to release information regarding this claim to the involved employer.			
SIGNATURE OF WORKER		DATE OF THIS REQUEST	

If you have any question about this form, call our TRA Unit at 1-866-241-0152 (TTY customers use 1-866-366-0004).

Return this form to: UIA - TRA Unit

PO Box 169

Grand Rapids, MI 49501-0169

Fax #: 1-517-636-0427